

Research Article

# Motives for Addiction in Adolescents from the Perspective of Psychologists working at Addiction Hospitals and Centers in Sudan

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## Abstract

This research aims to investigate psychologists' perspectives on addiction motives in adolescents in Sudan. To achieve that aim, researchers adopted the descriptive qualitative method in conducting the current study. The population of this research consisted of psychologists working at addiction treatment hospitals and centers in Khartoum State, and the representative sample was (200) psychologists: (91) males, and (109) females, selected by using a stratified sampling technique. The instrument for data collection included a scale measuring psychologists' perspectives on addiction motives in adolescents in Sudan, and the scale was later scrutinized for psychometric properties. Data was statistically analyzed via SPSS, whereby the following statistical tests were accordingly used: One-sample t-test, two-independent samples t-test, and ANOVA. Results revealed that psychologists' perspective on addiction motives was expected to be high, and no significant statistical difference was found in psychologists' perspective towards addiction motives attributable to both variables: gender and experience consecutively. This research was concluded by operational recommendations and suggestions for further studies as well.

## Introduction

Adolescents are considered a fundamental group expected to uplift society in all fields and work towards its advancement. This can only be achieved by preparing a psychologically sound individual with a strong personality who possesses the necessary self-awareness and self-discipline to contribute to society, fulfilling their roles, and developing their abilities. This requires ensuring their physical, psychological, and mental well-being. The common factor among adolescents is that they are a sensitive age group, roughly between 12 and 18 years old. It was observed that this category was the most prevalent among drug users, deserving of attention more than other adolescents at this stage. Their identity is forming, and they and their families suffer from the illegal, attractive, and impulsive nature of drugs. The term "motives" refers to the internal factors that lead the adolescent to addiction. From

a psychological perspective, understanding the factors that drive adolescents to addiction allows for a clear assessment of their motives, psychological state, and mental condition, thus enabling the development of effective programs for this group. The adolescent's motives for addiction must be understood as a process of adapting to the pressures and demands of life during adolescence. The adolescent, in this adaptive phase, responds to two types of demands: external and internal. External needs refer to the individual's need for a particular environment, while internal needs refer to physical and social needs, such as the need for social fulfillment, self-esteem, and the need for a purpose.

## Statement of the research problem

Drug addiction motives among adolescents are a rather complicated issue all over the world; however, in Sudan, motives for addiction are varied according to the Sudanese

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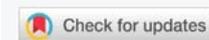
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culture. Therefore, the statement of the research problem revolves around motives for addiction among the Sudanese adolescents as perceived by the psychologists working at hospitals and addiction treatment centers in Khartoum, the capital of Sudan.

The research problem can be concisely formulated in the following questions:

1. What are addiction motives from the psychologists' perspective in Sudan?
2. Is there any significant difference in psychologists' perspectives in Sudan due to gender?
3. Is there any significant difference in psychologists' perspectives in Sudan due to experience?

**Importance:**

**A. Theoretical Importance**

1. This research may contribute to enriching the theoretical aspect of studies related to addiction in general.

We hope to contribute to understanding the social challenges faced by local communities in hospitals and addiction centers in Sudan.

2. It may be a new addition to Arabic psychological literature, addressing a category not adequately covered in previous studies: university addicts.
3. This work is expected to enrich scholars and researchers in the field of psychology, particularly in mental health, as it addresses addiction within a specific group: addicts in hospitals and centers.

**B. Practical Importance**

1. It will assist mental health professionals and educators in designing guidance and educational programs to improve mental health and support vulnerable youth who have faced difficulties in their development due to cultural and educational differences, migration, and war.
2. Educational institutions that are concerned with addiction issues can benefit from developing a socio-psychological strategy to combat this crisis.
3. The research results can serve as a reference for psychologists and researchers to study social and psychological adjustment in different environments and age groups.

**Objectives:**

1. To investigate the trend of psychologists' perspectives on addiction motives in adolescents in Sudan.

2. To examine whether there is a difference in psychologists' perspectives on addiction motives among adolescents, according to gender.
3. To find out if there is a significant difference in psychologists' perspectives on addiction motives, attributable to the variable of years of experience.

**Hypotheses:**

1. A diction motive among adolescents, from the perspective of psychologists working in hospitals and centers in Sudan, is high.
2. No difference was found in addiction motives among adolescents, from the perspective of psychologists, according to the gender variable.
3. No difference was found in addiction motives among adolescents, from the perspective of psychologists, according to the years of experience variable.

**Research Imitations**

**Place:** Hospitals and addiction centers in Sudan.

**Time:** year (2025-2026).

**Human:** Psychologists working in addiction centers.

**Area:** Motives for addiction among adolescents.

**Definition of terms:**

**(i) Motives:** A set of internal and external forces that drive an individual's behavior, directing it towards a specific goal, and contributing to its continuation or cessation, thereby satisfying their psychological, biological, or social needs. This definition implies that motives: Activate behavior, direct it, maintain it, and determine its intensity.

**Operational definition:** The quantitative scores obtained by the examinee on a motive scale, reflecting the content of their scores.

**(ii) Substance dependence:** Dependence is a psychological and/or physical state in which an individual feels a strong and persistent need for a specific person, substance, or behavior, such that the absence of this source leads to feelings of discomfort, anxiety, distress, or an inability to cope. The concept refers to a relative or complete loss of independence in satisfying needs, regulating emotions, or directing behavior.

Secondly, in psychology, dependence is a relatively stable tendency in an individual to rely on external sources to achieve a sense of security or psychological balance, with a diminished capacity for self-coping [1].

**Clinical definition:** Dependence is a state characterized



by a compulsive need for a specific source, with difficulty in discontinuing it despite awareness of its negative effects [2].

**(iii) Adolescents:** Individuals undergoing a transitional phase between childhood and adulthood, characterized by rapid biological, psychological, cognitive, emotional, and social changes, during which they begin striving for independence and identity formation [3].

The term adolescence is used to refer to the age range that begins with the onset of sexual puberty and ends with the attainment of relative psychological and social maturity [4].

## Literature review

### Preface

Drug abuse in adolescence is a phenomenon that has taken a dangerous turn in recent years, becoming widespread across all social strata and age groups. It is no longer confined to any one group; all age groups are now experimenting with drugs. For this reason, many international organizations and researchers in various psychological, medical, social, and legal fields have focused their attention on this phenomenon, attempting to understand it and clarify the ambiguities surrounding it from different perspectives [1]. In an effort to understand drug abuse among young people, the segment of society upon whom we rely to build our communities, we have attempted to shed light on various contemporary theories explaining the use of substances.

Mind, causing it to deviate from its natural, perceptive, and rational state. Continued use leads to addiction, making the individual a prisoner of the drug. Another definition describes drugs as substances that numb a person, causing them to lose consciousness and become unaware of their surroundings. Scientific Definition of Drugs: A drug is a chemical substance that causes drowsiness, sleep, or unconsciousness accompanied by pain relief. The term "narcotic" is derived from the Greek word "narcosis," meaning to numb or incapacitate.

### Theories and models explaining drug abuse behavior

The consensus among social studies conducted to explain the phenomenon of drug abuse is that the problem of drug abuse is multidimensional and multivariable. There is no single theory, factor, or variable that can explain the causes of drug abuse. The factors are numerous and vary in importance from one society to another and from one individual to another. Nevertheless, a set of theories related to the causes of drug abuse can be identified and presented as follows:

Biological theories were among the first to attempt to explain widespread and systematic drug use based on biochemical or physiological mechanisms. Human studies have been central to research aimed at testing genetic theories related to addiction in humans. The reasoning is that if genes do influence addiction, then those who inherit some of their

genetic material from drug users will inherit this trait and suffer from the same condition and circumstances as their parents. Anderson believes that there is a familial genetic component related to alcohol addiction. He calculated the likelihood of alcohol addiction among brothers whose mothers were known to be addicts, finding that the rate of addiction among brothers was 21%, among sisters 5%, among fathers 26%, and among mothers 2% [5]. Addicted individuals suffer from constant cravings and anxiety, which can be alleviated by other drinks, drugs, or behaviors that produce pleasurable effects on the brain. This means the individual experiences a sense of well-being and a reduction in anxiety. Alcohol, drug use, and addictive behaviors such as gambling, shopping, engaging in sex, or ignoring prohibitions all increase pleasure or reduce pain. Heroin addicts often say they use it "just to feel normal" (Rasmussen, 2000).

Numerous studies on substance abuse indicate that many drug users experience alienation and isolation. It is believed that the underlying causes of addiction are... Substance abuse and addiction are complex and often interrelated with other factors (MacGrath and Scarpitti, 1970).

According to behavioral theory, multiple external and internal factors drive an individual to use drugs, including: places that trigger the urge to drink, occasions that act as conditioning factors, family and professional circumstances related to substance abuse, emotional factors such as anxiety and stress, and cognitive factors such as low self-esteem. All of these are characteristics that may drive an individual to use drugs to seek excitement or reduce tension and stress. This approach explained the reasons for drug use behavior as follows: Positive reinforcement is capable of creating a strong habit, the craving for any drug. However, about tranquilizers, we find another strong factor: the actual fear of abstinence. This fear, experienced repeatedly, leads to a pattern of conditioned avoidance response. If we add the effects that the drug initially produced to reinforce this, we find that a pattern of conditioned avoidance response has developed.

The cognitive approach focuses on the role of mental processes in relation to motivation, emotions, and behavior. An individual's emotional and behavioral responses are determined by how they perceive, interpret, and assign meaning to a particular event. Chabrol, H. (2001) argues that this theory places great importance on the role of thought or belief in the emergence of psychological disorders in humans. This theory does not overlook the significance of factors influencing human behavior and emotions, whether these factors are environmental or chemical.

Chen, Y. et al. [6] further argue that the initial cognitive dynamics leading to addiction, which are characterized by a persistent "low frustration tolerance," are complemented by three other theoretical models that reinforce and protect addictive behavior: intoxication as a model for coping with difficult situations, alcohol intoxication as equivalent to a loss



of self-worth, and finally, the stimulus-seeking model. While Liese and Franz acknowledge the undeniable role of mood modification in drug use or addiction, addicts hold strong beliefs about the drug's ability to alter mood. They perceive some drugs as relieving boredom, others as promoting relaxation, and still others as providing energy and a sense of power. In a study of 211 addicts with varying addictive behaviors, Marlatt et al. identified three high-risk situations: negative emotional domains such as anxiety, frustration, anger, or depression accounted for 35% of addiction cases; internal conflict accounted for 16%; and social pressures (such as being offered drugs simply because of being around drug users, even if one does not use them) accounted for 20% of the sample. Marlatt states, "If individuals have a sense of self-efficacy and an adaptive response, they can cope with these high-risk situations. However, if they lack an adaptive response, they feel vulnerable to drugs, which increases the likelihood of succumbing to temptation and using the drug. This represents a poor adaptive response to situations such as conflict or frustration. If a person has positive expectations about the effects of the substance, its use is further reinforced." (Aaron Beck et al., 2002).

As American psychologist Albert Ellis, founder of Rational Emotive Behavior Therapy (REBT), observed, many behavioral and emotional responses and psychological disorders stem from flawed beliefs individuals hold about themselves and the world around them. Ellis distinguishes between two modes of thinking: rational and irrational. Ellis views disturbed behavior, including drug use, as a form of irrational thinking and emotional disturbance (L. Chalout, 2008). Hawkins, J. et al. [7] argue that addicts often have poor communication skills due to psychological stressors (such as anxiety and depression). Addiction leads to maladjustment and an inability to resolve psychological conflicts harmoniously. Hermes also considered that a lack of self-control, rebellion, and defiance can contribute to addiction, and the sources of psychological stress for drug users are diverse and numerous. In 1905, Freud drew researchers' attention to the importance of the oral stage in individuals with a strong propensity for drinking and smoking. Based on this idea, Freud developed his interpretation of alcohol and drug addiction. He considered drugs a means by which addicts cope with pain. Furthermore, he viewed addicts as individuals who had undergone fixation in the oral stage, characterized by self-destructive tendencies and latent homosexuality. Their drug use, he argued, was a means of satisfying sexual desires and an expression of the need for security and self-preservation. Therefore, Freud explains the phenomenon of drug addiction in light of the disturbances experienced by the addict in early childhood, which are fundamentally rooted in a disturbed love relationship between the addict and their parents.

The addict uses drugs because they find in them a missing source of support and assistance, helping them maintain a balance between themselves and their reality, and keep

them at a minimum level of stability. It is also a form of self-medication that the addict resorts to to satisfy unconscious childhood needs, due to the disturbance in their psychological and sexual development and the fixation of instinctual energy in the oral region. These characteristics manifest in different ways in the individual. For example, the person who tries to avoid feelings of helplessness, negativity, and an inability to tolerate psychological stress, pain, and frustration that wound their narcissism. All of this stems from the addict's inability to achieve satisfaction through normal channels, so they resort to seeking satisfaction through drug use, which generates a constant craving for the drug, which leads to relief from the confinement or Obtaining Ecstasy [2].

From a psychological perspective, drug addiction is linked to the effects of drugs and psychoactive substances on mental functions, perception, thinking, and memory. It also leads to a loss of accurate perception due to the accumulation and rapid flow of thoughts. This perspective establishes addiction as a disease and personality disorder accompanied by numerous problems of varying severity. Herein lies the importance of individuals' predispositions. This psychological dysfunction begins early, coinciding with the individual's psychological development. Psychoanalytic theory explains drug use and addiction in light of the disturbances experienced by the individual in early childhood, typically within the first three or four years. It also attributes it primarily to a disturbance in the loving relationship between the addict and their parents during early childhood, characterized by a duality of emotions, love, and hatred for the parent simultaneously. This duality is projected and transferred onto the drug. They experience feelings of happiness and a desire to escape pain. The conflict between the id, ego, and superego can drive individuals to use drugs to alleviate anxiety, meet the demands of the ego, and protect themselves from harm. Self-disruption and self-destruction through addiction are signs of weakened ego demands, and the ego also regulates emotions [8]. According to psychoanalytic theory, a lack of self-care, low self-esteem, and an inability to experience happiness contribute to individuals becoming addicted.

Addiction is also considered an impulsive neurosis stemming from difficult family circumstances that led to oral frustrations in childhood. Therefore, the addict, by their very nature, is a person characterized by narcissism (unconscious self-love) and excessive demands. Drug use fulfills multiple roles for the addict: it acts as a remedy for frustration and anger, an active outlet for latent hostility, a means of escaping masochistic self-loathing, and a symbolic gratification of the need for love and affection [3]. Drug use can be found in various forms of adolescent disorders. The adolescent discovers that drug use helps them overcome anxiety, sadness, guilt, and the associated feelings of rejection. The sense of satisfaction can be unconsciously experienced as an improvement and reaffirmation of the parental image (Chabrol, 2001).



Addiction represents a form of defense against other-dependent relationships and the narcissistic threat they pose. In this context, dependence is defined by the counterproductive use of a substitute object, which takes the place of the drug. Drugs can be considered “a pathological transitional object that does not create a permanent change in the psyche and must be constantly sought in the external world” as a symbolic substitute for the pain of early childhood. The adolescent believes they have reached a state of self-sufficiency and are no longer subject to the desires of others, but when they try to break free from the object’s control, they fall into the bondage of dependence on drugs. (Chabrol, 2001). Furthermore, psychoanalysis views drug addiction as a substitute for infantile eroticism and a regression to the oral stage. The addict seeks a pleasurable experience from drug use, which, after time, and the drug’s effects wear off, transforms into an unpleasant experience. This is the point around which most forms of addiction revolve. In this cycle, the desire for pleasure is satisfied, but accompanied by guilt and low self-esteem, resulting in unbearable anxiety, which in turn leads to the repetition of addictive behavior. Thus, the cycle continues. From this perspective, drug addiction is an example of compulsive repetition; that is, the addict is attached to the drug. He is compulsively addicted and unable to give it up, but he makes attempts to control the painful feelings to regain self-esteem. This is because the drug gives him a false sense of superiority over others, whom he views as inferior in every way. Conversely, his feelings are accompanied by deep sympathy and affection for those he looks down upon, because their insignificance confirms and amplifies his sense of importance and, consequently, his self-esteem. Here, the addict changes himself instead of changing his reality and his world. This change induced by the drug allows him to reconstruct his world in a magical, illusory way, enabling him to adapt to his reality in his own way. This also stems from the need for security and self-affirmation, which are rooted in developmental disturbances during the oral stage and its demands for satisfying the needs for food, warmth, and love. This results in a regression to that stage where biological gratification was denied, leading to drug use as a substitute for the missing satisfaction [9].

Accordingly, the psychology of addiction rests on two foundations: Psychological conflicts stemming from the need for narcissistic sexual gratification, which is primarily due to a disturbance in the love relationship, and organic gratification, especially in the oral stage, and the need for security, self-affirmation, and validation. Repeated drug use signifies a failure to resolve these conflicts and satisfy these needs. Krystal and Raskin state that a drug addict is someone who has significant difficulties in dealing with themselves in a positive way and in managing their positive and negative feelings towards others due to rigid and multiple defense mechanisms, such as displacement. They argue that the addict uses drugs not only to help defend against their feelings but

also to feel safe and to identify with objects of their affection, which are usually forbidden [10]. This is reflected in the psychological makeup of the addict. This creates a state of readiness, after which the chemical effects and properties of the drug come into play. In this regard, psychologists point out that the typical state of an addict is characterized by a depressive nature, and that the stage to which the drug user’s behavior belongs is the late oral stage, a stage similar to that of patients with depressive psychosis. He adds that the euphoria achieved through intoxication is characterized by the release of fantasies that help to release a great deal of tension, leading to a unique kind of euphoria. The euphoria of addiction serves as a defense mechanism to overcome and get rid of depression; thus, it is an artificial obsession, in contrast to the spontaneous obsession in depressive psychosis. (Sheldon Cashdan, 1984) . Drug addiction is based on the ability of drugs to influence an individual’s feelings in situations of depression or psychological distress. He emphasizes that depression plays a fundamental role, as it makes the addict feel the pleasurable pharmacological effect produced by the drugs, during which the individual’s experiences increase. With self-esteem and improved mood [10].

In conclusion, it can be said that most psychoanalysts focus their interpretation of drug use and addiction on psychological conflicts stemming primarily from: the need for security, the need for self-affirmation, and the need for narcissistic sexual gratification in the oral stage. The addict, like the emotionally reactive individual, changes himself rather than changing his reality and world. This change, induced by the drug, allows him to magically reconstruct his world, a reconstruction that enables him to adapt to his reality. Thus, the drug plays a supporting role, making the addict feel powerful and capable of facing the world. Social psychologists have focused on social ills and deviant behavior, believing that social behavior in itself cannot be described as deviant or non-deviant except through societal evaluation based on its adherence to or deviation from social norms of conduct. Drug addiction is considered a serious social problem that affects the progress and advancement of societies, as well as the physical and mental health of addicts [4].

The Functional Model: Functionalists classify drug addiction as a form of deviance, considering it a phenomenon that destabilizes society and disrupts its balance, leading individuals to commit crimes against themselves (suicide). To explain this phenomenon, Durkheim developed the concept of anomie, which expresses the absence (or distrust) of social norms and their disregard by individuals or groups in the absence of social control. Anomie leads to a pathological condition that Durkheim describes as social pathology, which places individuals in a state of extreme vulnerability. He added that anomie is particularly prevalent in situations where old norms are declining, as those who lose these norms are the same ones who refuse to integrate into the new ones. Merton,



while acknowledging that anomie is a very suitable concept for explaining deviance, prefers to define it as a conflict of norms rather than their absence. According to him, social norms exist in all cases, but they are not the same for the deviant and the non-deviant. What we must consider is that the deviant also has their own set of norms that they defend. From Merton's perspective, anomie results from a contradiction between two sets of norms coexisting within the social structure: institutional norms, learned within educational institutions, and cultural norms, those practiced in the social environment. While the former teaches moral values, the latter reinforces values recognized and actually practiced in the social environment. In his view, these values are embodied in rapid and high material success, whereas educational institutions teach values of honesty and integrity [11].

### Interdisciplinary model

It views addiction as a form of deviance, but they attribute its causes to the meanings and symbolism of social interaction between the individual and surrounding groups. Proponents of the interactionist model believe that the primary motivation for an individual is the desire to join a specific group in which the individual behaves and acts in a manner very similar to the behaviors and actions of the group's members [12].

Furthermore, this model argues that the mere availability of drugs and a reference group is insufficient, as a large segment of society is highly social, to the point that they consider drug misuse undesirable. Therefore, the third component of interactionist theories is that individuals who engage in drug misuse lack negative or even neutral attitudes toward such misuse [13]. It seems that the theories discussed in this presentation have played a significant role in providing an explanation that reflects prevailing practices in the field of drug abuse. Each theory's proponents attempted to clarify, within their area of expertise, the factors that lead some individuals to use narcotics [14].

In conclusion, based on the foregoing, we can add that a drug user is someone who has deviated from the normal path at some stage of their personality development. They are someone who has not been trained in coping skills to deal with stress and solve problems encountered in life, in addition to failing to manage their emotions and tolerate frustration in an acceptable and appropriate manner for the situations they face. An individual's resorting to drug use indicates a loss of many of the skills and abilities necessary for dealing with themselves and others.

### Research methodology

This includes the research methodology, the research population, the research sample, the research tools used, and the statistical analyses that aid in data analysis.

### Method

The descriptive-correlational approach was generally

followed. This approach, one of the newest emerging fields, involves identifying the current state of a particular phenomenon and then describing it. Therefore, it relies on observing the phenomenon as it exists in reality and is particularly concerned with providing an accurate description.

### Population

The study covers psychologists working in hospitals and private addiction treatment centers in Sudan. Distributed as follows: Hospitals: Abdel-Aal Al-Idrisi Hospital, Bahri; Al-Salaj Medical Hospital, Khartoum; Al-Tijani Al-Mahi Hospital, Omdurman.

Table 1 shows the research sample according to gender.

### Sample size

The sample size consisted of (200) psychologists, (91) males, and (109) females, selected through a random sampling technique.

Table 2 describes the sample according to experience.

### Instrument

A scale measuring the motives for drug addiction has been developed and adapted to measure the perspective of psychologists working in hospitals and centers in Sudan. The researchers have browsed different websites and then constructed a scale consisting of seven dimensions with 20 items.

The scale was verified using the method of internal consistency of its items by calculating correlation coefficients amongst items.

Before administering the scale, all the participants (psychologists) who are working at hospitals, are ethically consent to complete a scale measuring their perspective on addiction motives in adolescents.

**Table 1:** Shows the research sample according to gender

Hospital/Centers	Males	Females	Totals
Tijani Mahi	16	19	35
Military	12	15	27
AbdelAal	8	11	19
Alnnaw	9	12	21
White Nile	4	10	14
Riyadh	15	12	27
Noor Huda	7	18	25
Gadreen	20	12	32
Total	91	109	200

**Table 2:** Describes the sample according to experience

Years	N	Percentage
5	53	35.4
10	81	34
15	60	30.6



## Dimensions of the scale

Table 3 illustrates the dimensions of the Addiction Motives Scale.

**Face validity:** Face validity is what psychometricians have decided on whether a scale measures what it is intended to measure at first glance.

**Internal consistency:** The score for each item is compared to the total score for the subscale under which the item falls. The following table shows the results of this procedure:

Table 4 shows correlation coefficients of a scale's items.

All correlation coefficients of scale items are significant at (.05).

**Scale reliability:** To determine the reliability of the final scale score (20 items) in the current research population, the researchers use the split-half method.

Table 5 shows reliability coefficients for the sub-dimensions and their total score.

**Table 3:** Illustrates the dimensions of the addiction motives scale.

Dimensions	Number of items
Pleasure seeking	3
Adjustment	3
Conformity	3
Curiosity	3
Boredom	3
Escape from reality	3
Academic Failure	3
Total	2

**Table 4:** Shows correlation coefficients of a scale's items

Item	Correlation	Item	Correlation
1	.360	11	.411
2	.282	12	.422
3	.417	13	.425
4	.600	14	.220
5	.359	15	.245
6	.451	16	.329
7	.365	17	.355
8	.425	18	.291
9	.365	19	.476
10	.433	20	.307

All correlation coefficients of scale items are significant at (.05).

**Table 5:** Shows reliability coefficients for the sub-dimensions and their total score.

Dimension	Items	Alpha	Guttman	Spearman
Pleasure seeking	3	.795	.679	.639
Adjustment	3	.862	.809	.809
Conformity	3	.815	.802	.589
Curiosity	3	.779	.584	.881
Boredom	3	.750	.875	.804
Escape	3	.805	.801	.706
Failure	2	-	-	-
Total	20	.942	.905	.906

The scale reliability according to Cronbach's Alpha is (.942)

## Procedures

To conduct this study, researchers initially obtained approval from the Sudanese Federal Ministry of Health to administer their instrument of data collection.

All the psychologists as participants in this research have ethically consented to complete the questionnaire, concerning their perspective on drug addiction in adolescents.

## Statistical analysis

To analyze the data, the researchers used the Statistical Package for the Social Sciences (SPSS) software. The following equations were used:

1. One-sample t-test.
2. Cronbach's Alpha.
3. One-way analysis of variance ANOVA.
4. Two-independent Samples t-test to determine differences between the two groups.
5. Pearson's correlation coefficient.

## Results

### The result of the first hypothesis

To verify this hypothesis, which postulates that psychologists' perspectives on addiction motives in adolescents are significantly higher. The researcher used a one-sample t-test to test this hypothesis:

Table 6 shows a one-sample t-test to verify the psychologists' view on addictive motives.

## Discussion

According to psychologists' view, the addiction motives in adolescents were significantly higher. That can be explained in light of the behavioristic approach, stimulus-response (S-R), and behind any motive, there is an outcome.

The researchers, accordingly, have adopted Howard Kaplan's self-derogation theory, which hypothesizes that adolescents may be inclined to addictive behavior to restore the low self-esteem and social rejection they encounter. Academic failure as a motive for addiction in adolescents, consequently, leads to another motive for addiction, escape from reality.

**Table 6:** Shows a one-sample t-test to verify the psychologists' view on addictive motives.

Motives	Mean	S.D	Test value	t-value	df	Significance	Deduct.
Pleasure	1.42	0.37	0.46	17.94	199	0.000	High
Adjustment	1.54	0.28	0.57	30.34	199	0.000	High
Curiosity	1.60	0.29	0.61	30.84	199	0.000	High
Boredom	1.50	0.21	0.52	37.34	199	0.000	High
Escape	1.54	0.34	0.54	34.88	199	0.000	High
Failure	1.72	0.25	0.75	45.24	199	0.000	High
Total	1.56	0.28	0.58	32.47	199	0.000	High



**Result of the second hypothesis**

Table 7 shows the t-test for two-independent samples, which learns to differentiate addiction motives among all psychologists working in hospitals and treatment centers based on gender (male/female).

It seems that there is no significant gender difference regarding psychologists' perspectives on addiction motives in adolescents.

**Discussion:** Both male and female psychologists agreed upon addiction motives in adolescents; they work at the same place, and have similar professional standards, besides academic qualifications that enable them to have a consensus outlook towards addiction motives in adolescents in Sudan.

Table 8 shows ANOVA to test the difference in psychologists' perspectives on addiction motives in Sudan, attributable to their experience:

No significant difference was found in addiction motives viewed according to the psychologists' perspective working in hospitals and addiction centers in Sudan, attributed to experience.

**Discussion:** It appears that years of working as an experience factor have no effect on psychologists' perspective, owing to addiction motives during the adolescent period as a stage of development. However, Sudan is a war-ragged country that, in turn, negatively affects the psychologists' cumulative experience in dealing with addiction cases in hospitals and outside healing centers throughout the country.

**Table 7:** Shows the t-test for two-independent samples, which learns to differentiate addiction motives among all psychologists working in hospitals and treatment centers based on gender (male/female):

Dimension	Gender	N	Mean	Standard Deviation	df	T-value	Sig.	Deduction
Pleasure	M	91	1.76	0.35	199	0.256	0.798	Not.sig
	F	109	1.74	0.34				
Adjustment	M	91	1.67	0.29	199	0.530	0.549	Not.sig
	F	109	1.69	0.24				
Conform.	M	91	1.68	0.35	199	0.236	0.814	Not.sig
	F	109	1.66	0.30				
Curiosity	M	91	1.65	0.37	199	0.183	0.855	Not.sig
	F	109	1.67	0.34				
Boredom	M	91	1.65	0.35	199	0.183	0.057	Not.sig
	F	109	1.34	0.36				
Escape	M	91	1.45	0.37	199	0.133	.954	Not.sig
	F	109	1.66	0.36				
Failure	M	91	1.63	0.36	199	0.183	.934	Not.sig
	F	109	1.68	0.46				
Total	M	91	1.70	0.23	199	0.143	.355	Not.sig
	F	109	1.56	0.26				

**Table 8:** Shows ANOVA to test the difference in psychologists' perspectives on addiction motives in Sudan, attributable to their experience

Motives	ANOVA	Summation	df	Mean	Variance	Sig.	Deduction
Pleasure	Between	1.459	3	0.486	4.250	0.006	Not.sig
	Within	28.715	200	0.114			
	Total	30.174	203				
Adjustment	Between	0.111	3	0.037	0.374	0.772	Not.sig
	Within	24.942	200	0.099			
	Total	25.053	203				
Conformity	Between	0.646	3	0.215	2.007	0.671	Not.sig
	Within	26.929	200	0.107			
	Total	27.575	203				
Curiosity	Between	0.628	3	0.209	2.004	0.142	Not.sig
	Within	26.225	200	0.104			
	Total	26.853	203				
Boredom	Between	1.459	3	0.486	4.250	0.606	Not.sig
	Within	28.715	200	0.134			
	Total	30.174	203				
Escape	Between	0.111	3	0.067	0.374	0.577	Not.sig
	Within	28.942	200	0.099			
	Total	25.053	203				
Failure	Between	0.646	3	0.215	2.007	0.141	Not.sig
	Within	26.929	200	0.107			
	Total	27.575	203				
Total	Between	0.711	3	0.237	2.236	0.258	Not.sig.



## Conclusion

Adolescents in Sudan, according to the perspective of the psychologists working at hospitals, as far as addiction motives in adolescents are concerned, can be outlined as follows:

1. Pleasure-seeking motive.
2. Adjustment motive.
3. Conformity motive.
4. Curiosity motive.
5. Boredom motive.
6. Escape from reality motive.
7. Academic failure motive.

## Recommendations

In light of the findings of the researchers, the following recommendations are made: Combating the motives for drug addiction among adolescents requires understanding the psychological, social, and environmental causes, and then addressing them with a comprehensive preventive and therapeutic plan. Here are some practical recommendations that can be implemented in the family, school, and community.

### Preventive and therapeutic recommendations:

- Strengthening religious and moral values.
- Promoting the concept of responsibility for one's body and mind.
- Awareness programs in mosques and schools.
- Connecting youth with positive role models.
- Utilizing initiatives such as awareness programs supported by entities like the Saudi Ministry of Health in anti-drug campaigns.
- Enhancing family communication.
- Allocating daily time for dialogue.
- Listening without judgment.
- Monitoring early behavioral changes (withdrawal, aggression, changing friends).
- Establishing clear rules with emotional warmth.
- A teenager who feels emotionally secure is less likely to seek dangerous alternatives.
- Building refusal and decision-making skills.
- Training teenagers to say "no" confidently. Role-playing peer pressure scenarios at school.

- Teaching them to consider long-term consequences.
- Addressing psychological problems early. Early detection of anxiety and depression.
- Providing psychological counselors in schools.
- Utilizing accredited treatment programs such as the Twelve-Step recovery programs adopted by international organizations like Narcotics Anonymous.

### Filling free time with alternative activities:

- Sports and arts activities.
- Volunteering.
- Skills development courses.
- Neighborhood youth clubs.
- Idleness is a breeding ground for addiction; positive engagement is the best prevention.

### Controlling the surrounding environment:

- Monitoring friends.
- Educating parents about warning signs.
- Report promoters through official channels in each country.

### Smart School Campaigns. Instead of just scare tactics, consider:

- Showcasing real recovery stories.
- Hosting specialists.
- Holding awareness competitions.
- A comprehensive mental health awareness week.

### Early warning signs:

- A sudden drop in academic performance.
- Requesting excessive money without justification.
- Sleep disturbances.
- A drastic change in behavior or appearance.

### Upon discovering the problem:

- Avoid shaming or harsh punishment.
- Seek professional consultation.
- Programmed gradual therapeutic support (psychological, family, and behavioral).
- Patience; recovery is a process that takes time.



**Suggestions for further studies:**

- Investigating the diagnostic criteria of DSM5-TR, regarding substance dependence.
- Gender difference in addiction motives among adolescents.
- Enhancing self-confidence in addicted adolescents.
- A study on preventive counseling for substance abuse.

**Appendixes**

**Measuring the Motives for Addiction in Adolescents:**

This consists of several dimensions, each with three questions, clearly worded to consider the developmental characteristics of adolescents. These questions can be answered using a five-point Likert scale (Strongly Agree – Agree – Neutral – Disagree – Strongly Disagree).

**First: The Pleasure-Seeking Dimension.**

Adolescents may use substances because of:

The feeling of pleasure and exhilaration.

Seeking experiences that give them a strong sense of excitement, even if dangerous.

Seeking moments of excitement.

**Second: The Adaptation and Coping Dimension.**

This dimension measures the use of addiction as a means of escaping stress and negative feelings.

When feeling sad or stressed.

Using substances to forget their daily problems.

Substance use helps them cope with the psychological pressures they face.

**Third: The Dimension of Conformity and Social Circumstances.**

This dimension is linked to the influence of friends and the social environment.

To appear different from his friends.

Due to pressure from those around him to try substance use.

When most of his family members are doing so.

**Fourth: The Dimension of Curiosity.**

This dimension measures the adolescent’s cognitive and experimental motivation.

Curiosity to try substance use for the first time.

Trying new things even if he is unsure of the results.

Learning about the effects of substance use through experimentation.

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